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Cardiac rehabilitation for heart failure in 2015 (SOFMER-FFC)

Oral communications

CO03-001-e

Rehabilitation program for heart failure (guidelines and practical modalities)

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Chronic Heart failure (CHF), a highly prevalent condition, is a major cause of morbidity and mortality, and generates significant costs. CHF causes a reduction in physical capacity of patients with low exercise tolerance and a significant decrease in quality of life.
International recommendations include a diet adaptation, regular exercises and therapeutic education: Cardiac Rehabilitation (CR) for CHF in specialized cardiovascular centers allows the comprehensive care with Class I level recommendation in patients with systolic CHF in NYHA class II or III.
In France, 20 sessions are usually supported by the French health system and the program runs with three sessions per week. The reference exercise testing should be performed with simultaneous measurement of peak oxygen uptake as well as a 6-minute walk test.
Exercise prescription consists in a moderate intensity continuous training or more recently in a high interval training guided by the measurement of expired gases.
Resistance training must be associated with gymnastics sessions, respiratory training and possible electromyostimulation for the most severe disease (class IIIb).
Therapeutic education, structured and provided by a multidisciplinary team, is crucial and should include education about CHF and warning signs, about adherence to medications, dietary sodium restriction and excessive fluid intake.
CR in CHF is associated with an improvement of sympathetic activity, peripheral resistance and endothelial function, as well as a decrease of circulating neurohormones. These improvements confer significant clinical benefits with a net decrease in hospital readmissions and significant better quality of life.
Keywords Chronic heart failure; Cardiac rehabilitation; Therapeutic education
Disclosure of interest The authors declare that they have no conflicts of interest concerning this article.
Further reading
Pavy et al. French Society of Cardiology guidelines for cardiac rehabilitation in adults. Arch Cardiovasc Dis. 2012;105:309–28.
ESC Guidelines for the diagnosis and treatment of acute and chronique heart failure 2012. Eur J Heart Fail 2012;14:803–69.
Douard H. Réadaptation de l'insuffisance cardiaque. EMC. Elsevier Masson SAS; 2010.

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Contribution of respiratory gas exchanges assessment in heart failure rehabilitation

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Introduction The cardiorespiratory exercise test provides valuable information in a rehabilitation program for chronic heart failure. It initially allows objective measurement of the patient's functional capacity by measuring VO_2 and ventilatory threshold. The description of respiratory adaptations gives informations on ventilatory efficiency and the existence of inadequate hyperventilation.
Method This objective description of the performance and exercise tolerance will allow: to select patients to rehabilitate, provide prognostic information, choose retraining protocol best suited to the patient's situation, ensure monitoring by quantifying improved performance and tolerance to exercise and if necessary read just the terms of the retraining program.
Results The contribution of this type of evaluation will be detailed in the different perspectives mentioned using concrete examples. These objective measures achieved in strict conditions allow to assess, select, guide and reassure, encourage patients to optimize their rehabilitation program.
Conclusion The interest of the evaluation of endurance by measuring VO_2 and ventilatory threshold can be demonstrated at various stages of heart failure patients rehabilitation course.
Keywords Heart failure; Gas exchanges; Rehabilitation
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Field tests in cardiac rehabilitation

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Assessment of physical capacity is a major concern, given the increasing prevalence of chronic disabling conditions due